

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 804000094961

1. Corporation Name

Jay M Trucking, Inc.

2. Principal Office Address - No P.O. Box #

9950 N. West 89<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Medley, FL

Zip

33178

Country

DADE

3. Mailing Office Address

9950 N. West 89<sup>th</sup> Avenue

Suite, Apt. #, etc.

City & State

Medley, FL

Zip

33178

Country

DADE

**7. Name and Address of Current Registered Agent**

Name

David Uk

Street Address (P.O. Box Number is Not Acceptable)

9950 North West 89<sup>th</sup> Avenue

Suite, Apt. #, Etc.

City

Medley

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

David Uk

Date 06/10/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	David Uk	9950 North West 89 <sup>th</sup> Avenue	Medley FL 33178

500135022455  
08/27/08--01041--002 \*\*158.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

David Uk

David Uk

06/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG 25 PM 12:43

B 8/25/08

600131592926

06/23/08--01048--008 \*\*1050.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/2004

5. FEI Number

20-1272982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.